## PART B - FEE(S) TRANSMITTAL

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7590 07/18/2008

MACPHERSON KWOK CHEN & HEID LLP 2033 GATEWAY PLACE SUITE 400

APPLN, TYPE

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Authorized Signature

Typed or printed name

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Gideon Gimlan (Denositor's name) (Signature) 5. 1. 4,2008 (Dete

TOTAL FEE(S) DUE

\$1740

DATE DUE

10/20/2008

FIRST NAMED INVENTOR APPLICATION NO FILING DATE ATTORNEY DOCKET NO. CONFIRMATION NO. 10/735,698 12/16/2003 Sang-Chul Lee AB-1625-2C US 3544

\$300

CLASS-SUBCLASS

240 050000

PUBLICATION FEE DUE PREV. PAID ISSUE FEE

TITLE OF INVENTION: DISPLAY DEVICE WITH GROUNDING PROTRUSION

ISSUE FEE DUE

\$1440

ARTIBIT

SMALL ENTITY

NO

1100 1211, 1101111 0	347-037000
1. Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).  CRR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address' indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O	N THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee ordation as set forth in 37 CFR 3.11. Completion of this form is	ace data will appear on the patent. If an assignee is identified below, the document has been filed for NOT a substitute for filing an assignment.
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Samsung Electronics Co., Ltd.	Suwon-si, Gyeonggi-do, Korea
Please check the appropriate assignee category or categories (will not be	e printed on the patent) : 🔲 Individual 🗹 Corporation or other private group entity 🚨 Government
4a. The following fee(s) are submitted:    Issue Fee   Publication Fee (No small entity discount permitted)   Advance Order - # of Copies	4b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5_00_22257(enclose an extra copy of this form).
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Date 5 8 pt. 4, 2008

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